

Schedule G**Final Disbursement of Unexpended Campaign Contributions****NAME AND ADDRESS OF COMMITTEE (In full)****1. Unexpended Campaign Contributions (Total from last report filed)**

	Donation of Unexpended Funds Name of Charitable Organization	Address	City, State zip	Date	Amount Refunded	Remaining funds
2.						
3.						
4.						
5.	This total reported on Line 29 of Summary Report in applicable reporting period			TOTAL		

Refunds of Contributions to Individual Contributors (not Political Party or Political Committees)

	Last Name	First Name	Address	City, State zip	Date	Amount Refunded	Remaining funds
6.							
7.							
8.							
9.							
10.							
11.	This total reported on Line 26 of Summary Report in applicable reporting period				Total		

Refunds of Contributions to Political Party Committees

	Name of Political Party Committee	Address	City, State zip	Date	Amount Refunded	Remaining funds
12.						
13.						
14.	This total reported on Line 27 of Summary Report in applicable reporting period			TOTAL		

Refunds of Contributions to Political Committees (other than Political Party Committees)

	Name of Political Committee	Address	City, State zip	Date	Amount Refunded	Remaining funds
15.						
16.						
17.	This total reported on Line 28 of Summary Report in applicable reporting period			TOTAL		